Emerging Practices to Combat Coronavirus Disease (COVID-19): Visitation

COVID-19 Clinical Knowledge Transfer from Vizient members and industry resources
Updated: April 9, 2020

Vizient is committed to ongoing research of Vizient members’ emerging practices and other related updates to federal and regulatory guidelines in support of efforts to combat the COVID-19 pandemic. The purpose of this document is to assist our members with critical information to supplement this work. As new information surfaces, updates will be provided.

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DISCLAIMER: VIZIENT IS-compiling information and emerging practices from members to aid in knowledge transfer during the COVID-19 response. Decisions regarding whether and how to utilize any of these practices should be made by health care providers, at their own risk, with consideration of individual circumstances. As information is changing rapidly, Vizient encourages you to always refer to the CDC, your state’s department of health, and your local public health authority for guidance. Vizient does not provide legal, regulatory, or medical advice and disclaims liability or responsibility for the accuracy, completeness, and/or clinical efficacy and safety for the products or processes contained herein. Members should seek their legal counsel’s advice on local, state, and federal legal/regulatory matters. The links to information referenced in this document are the products of the named organizations and they are solely responsible for their content. For the most up-to-date information, please visit Vizient’s disaster preparedness page. To submit practices your organization is using to prepare for COVID-19, please email disasterresponse@vizientinc.com.
Practice trends

Almost all Vizient members have severely restricted in-person visitation policies, making exceptions for pediatric, end-of-life or obstetric patients only. Patients with COVID-19 have not been allowed in-person visitors.

Many organizations are using technology to connect families and loved ones to patients who are admitted to the hospital or long-term care facilities. CMS noted the week of April 6 that HIPAA violation penalties will be waived for the public health emergency against health care providers that serve patients in good faith through everyday communications technologies (e.g., FaceTime, Skype).
Regulatory updates

Waiving penalties for HIPAA violations

CMS noted the Health and Human Services Office for Civil Rights is exercising enforcement discretion and waiving penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies (e.g., FaceTime, Skype) for the public health emergency. The Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (interim final rule with comment period) was published on April 6, 2020. However, CMS clarifies the new flexibilities are applicable retroactively, beginning on March 1, 2020.

Added 4/9/2020

Obstetric patients in New York State

An executive order has been issued in New York that requires all hospitals, both public and private, to allow women to have a partner in the labor and delivery room. Previously, some New York City hospitals had banned partners or support persons for obstetric patients.

• New York-Presbyterian visitation policy update
• Mount Sinai Health visitation policy update
• New York Times article re: executive order reversing restrictions for obstetric patients

Updated 4/2/2020

Visitation restrictions

Acute and ambulatory facilities

Restrict visitation policies to persons accompanying minors or patients in end-of-life situations. To reduce facility-based transmission, no visitors should be allowed in rooms of Persons Under Investigation (PUIs) or COVID-19 positive patients.

The following visitors should not be allowed:

• Persons with a fever or other cold/flu-like symptoms
• Minors under the age of 16
• People over the age of 70 who have chronic conditions and may meet one of the exceptions below are strongly encouraged not to visit

Common exceptions include*:

• Emergency department patients– one visitor (at least until stable)
• Surgery patients–one visitor (at least until stable)
• Obstetric patients–one partner or one birth support person
• Nursery and Neonatal Intensive Care Unit (NICU) patients–birth parent or support person
• Patients who are at the end-of-life–up to two visitors
• Patients with disruptive behavior, altered mental status or developmental delays–one family member or support person who is key to their care and safety
• Minors under the age of 18–one parent or support

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*Visitor should remain the same for the course of admission; no rotating in/out

Updated 4/2/2020

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**Acute care visitation policies across the U.S.**

Check out Vizient’s [dynamic dashboard](#) to see data related to visitation policies across the U.S.

*Updated 4/2/2020*

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**Long-term care**

Long-term care facilities should apply more restrictive policies regarding visitation. The [CDC Guidelines for Long-term Care Facilities, Nursing Homes](#) are as follows:

- Restrict all visitation except for certain compassionate care situations, such as end-of-life situations.
- Restrict all volunteers, including non-essential healthcare personnel (e.g., barbers).
- Cancel all group activities and communal dining.
- Implement active screening of residents and healthcare personnel for fever and respiratory symptoms.

*Added 3/23/2020*

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**Clear communication**

[Re-Thinking Word Choice during this Pandemic](#) provides some suggestions of language choices that reflect the realities of what we are living through while continuing to provide assurance, compassion and comfort.

*Added 4/9/2020*

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Communicate restricted visitation policy clearly, using plain, patient/family-centered* language on facility website main page.

- Provide phone number for more information.
- Use live chat features available on web sites.
- Communicate updated visitor policy to community members via public service announcements, social media, email, newsletters, etc.
- Place signage outside of all facility entrances.

*In keeping with patient/family-centered care principles, explain that although patient care depends greatly on engaging families to be part of the healing process, “routine” visitation must be suspended until the transmission of COVID-19 is no longer a threat. Use your Patient and Family Advisory Councils (PFACs) to help craft your message.

*Added 3/23/2020*

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**Limited entry points**
Reduce access into facilities.

- Limit entryways into facility so visitors, staff, and vendors with deliveries can be screened.
- Suspend the use of community and conference spaces by the public.

*Added 3/23/2020*

**Screening**

Screen all visitors, staff and vendors before entrance. Ask screening questions such as:

- Have you had a fever, shortness of breath, sore throat, runny nose, or a new cough in the last 14 days?
- Have you been in close proximity to someone who is currently sick with COVID-19 or any other respiratory illness within the past 14 days?
- Have you traveled internationally or to any U.S. cities with high levels of ongoing transmission of COVID-19 (mainland China, South Korea, Iran, Italy, New York City, Seattle, etc.) in the last 14 days?
- Conduct temperature checks where possible.

*Added 3/23/2020*

**Patient and Family Centered Care guidance**

*Planetree Perspectives: Family Presence and Visitation Guidelines during a Pandemic* includes the following goals:

- To responsibly maximize the therapeutic benefits of family presence while limiting the risk to patients, family caregivers and staff.
- To ensure restrictions to family presence are appropriate to the current situation, which is rapidly evolving and expected to continue changing over time.
- To minimize the unintended emotional trauma that could result from family separation during special circumstances, including hospitalization of a child, childbirth and end-of-life situations.

*Added 4/2/2020*

Guidance from the *Institute for Patient and Family Centered Care* encourages the use of patient and family advisors (PFAs) as essential partners in ensuring credible, understandable information is communicated to patients, families and communities. Coordinators of patient and family centered care programs along with their medical and staff liaisons are in a critical position to collaborate with PFAs who can help innovate and facilitate information sharing to improve quality and safety during this time of uncertainty.

*Added 4/6/2020*

*The Beryl Institute COVID-19 resources* includes a weekly community briefing regarding COVID-19 related efforts where participants are encouraged to connect and reflect their experience.

*Added 4/6/2020*

**Additional Resources**

Sample visitation policies from:
Additional emerging practices

Access resource documents on other topics.

- Emerging clinical practices and evidence
- Managing critical supplies
- Surge capacity
- Staff impact
- Testing